

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	[METHOD OF FABRICATING DEEP TRENCH CAPACITOR]																						
Application Number : Date : First Named Applicant: Mr. SU-CHEN LAI Attorney Docket Number: 11595-US-PA																							
<b>TOTAL FEE AUTHORIZED \$ 900</b> Patent fees are subject to annual revisions on or about October 1st of each year.																							
Filing as large entity																							
<b>BASIC FILING FEE</b>																							
<table border="1"><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr><tr><td>Utility Filing Fee</td><td>1001</td><td>770</td><td>770</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 770</td></tr></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	1001	770	770	Subtotal For Basic Filing Fees: \$ 770											
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<b>EXTRA CLAIM FEES</b>																							
<table border="1"><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr><tr><td>Total Claims : 25</td><td>5</td><td>1202</td><td>18</td><td>90</td></tr><tr><td>Independent Claims : 3</td><td>0</td><td>1201</td><td>86</td><td>0</td></tr><tr><td colspan="4"></td><td>Subtotal For Extra Claims Fees: \$ 90</td></tr></table>				Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 25	5	1202	18	90	Independent Claims : 3	0	1201	86	0					Subtotal For Extra Claims Fees: \$ 90
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<b>ASSIGNMENT FEES</b>																							
<table border="1"><tr><th>Fee Description</th><th>Property Number</th><th>Quantity</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr><tr><td>Recording Each Patent Assignment Per Property Fee</td><td>00000000</td><td>1</td><td>8021</td><td>40</td><td>40</td></tr><tr><td colspan="4"></td><td>Subtotal For Additional Fees: \$40</td><td></td></tr></table>				Fee Description	Property Number	Quantity	Fee Code	Amount \$	Fee Paid \$	Recording Each Patent Assignment Per Property Fee	00000000	1	8021	40	40					Subtotal For Additional Fees: \$40			
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<b>AUTHORIZED BILLING INFORMATION</b>																							
<b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>																							
Credit account number:	1000																						
Expiration Date (YYYYMMDD):	2006-10-31																						
Authorized name:	LEE, HUAI-LU																						
Billing address:	99999																						